

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-670)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	OCT.	AS FILED		AFTER		AFTER	
		EXO.	OCT.	EXO.	OCT.	EXO.	OCT.
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TOTAL EXO.	3						
TOTAL OCT.	20						

EXO.	OCT.	EXO.	OCT.	EXO.	OCT.
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TOTAL EXO.					
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